

## Employee's Incident Report Form

**Instructions:** Employees will use this form to report ***all*** work-related injuries, illnesses or “near miss” events (which could have caused an injury or illness)—*no matter how minor*. This helps to identify and correct hazards before they cause serious injuries. This form will be completed by employees as soon as possible and given to a supervisor for further action. (NCIC Form 18 may be used in place of this one.)

I am reporting a work related: <input type="checkbox"/> Injury <input type="checkbox"/> Illness <input type="checkbox"/> Near miss	
Name:	
Job Title:	
Supervisor:	
Have you told your supervisor about this injury/near miss? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date of injury/illness/near miss:	Time of injury/illness/near miss:
Names of witnesses (if any):	
Where exactly did it happen?	
What were you doing at the time?	
Describe step by step what led up to the injury/illness/near miss (continue on the back if necessary):	
What could have been done to prevent this injury/illness/near miss?	
What parts of your body were injured? If a near miss, how could you have been hurt?	
Did you see a doctor about this injury/illness? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, whom did you see?	Doctor's phone number:
Date:	Time:
Has this part of your body been injured before? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, when?	Supervisor:
Employee's signature:	Date: